

Fairfax County Park Authority
INHALER AUTHORIZATION



PART I: To be Completed by the Parent/Guardian

I hereby request FCPA staff to permit my child identified below to use an inhaler as soon as an asthmatic attack begins. I agree to release, indemnify, and hold harmless FCPA officers, staff, contractors or agents from lawsuits, claims, expense, demand, or action against them for assisting my child with inhaler use, provided the staff comply with the authorized orders established below. I have read the procedures outlined on the back of this form and I assume responsibilities as required.

Child's Name _____ DOB _____

Medication is a _____ Renewal or _____ New (If this is a new medication, the first dose must be given at home to assure child does not have a negative reaction. Date and time of first dosage: _____)

Parent's Signature

Daytime Phone

Date

PART II: To be Completed by a Physician

Diagnosis _____

Medication Name _____ Date of Order _____

Duration of Order _____

Dosage to be Given _____

Time Medication is Given _____ Time Interval for Repeat Dose _____

Symptoms/Conditions for which medication is ordered _____

If child is taking more than one medication, list sequence medications are to be administered _____

All medications, including inhalers, will be kept by FCPA staff unless physician authorizes child to carry the inhaler.

_____ I believe this child has received adequate information on use of the inhaler and that he/she can use it properly, therefore, the child may carry the inhaler on his/her person.

Physician Name

Signature

Telephone

Date

Parent Signature (if child carries inhaler) Child's Signature (if child carries inhaler)

PART III: To be Completed by FCPA

This form is complete and the medication is appropriately labeled.

The child _____ (has/ has not) been approved to carry own inhaler.

Signature of FCPA Designee

Date

PARENT INFORMATION ABOUT INHALERS

1. Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician. The parent/guardian must transport the medication to the park site and give to designated staff.
2. The Medication must be properly labeled with the child's name, medication name, exact dosage to be taken, and exact time dose is to be taken. The medication must be in the original container. The form and container must match.
3. First dosage must be taken at home.
4. Parent/guardian is responsible for submitting new authorizations each time there is a change in dosage which medication is to be administered.
5. Medications may not be accepted by personnel unless the Authorization Form is completed and signed.
6. A physician may use office stationery or prescription pad in lieu of completing Part II. Required information includes: child's name, date of birth, date of order, duration of order, diagnosis, medication name, dosage, time to take medication, interval for repeating dosage, symptoms, other medications the child is taking, statement as to whether or not child may carry the in-haler, physician's signature and date.
7. All medication is kept in a locked area only accessible to authorized staff unless physician approved child to carry inhaler..
10. The parent/guardian must pick unused portions of medication immediately after the effective date expires or at the end of the child's enrollment. Medications not claimed will be destroyed.
11. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.
12. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.